The Adam Snider Memorial Tournament

OHIO TOURNAMENT OF CHAMPIONS QUALIFIER

Sunday, February 1, 2015

Tournament will be ran in 2 sessions. **We will start on time for both sessions and run quickly!!! You will be home in plenty of time for the game!!!**

Location: St. Clairsville High School, 102 Woodrow Avenue, St. Clairsville, OH 43950

DIVISION	WEIGHT CLASSES	WEIGH-IN	START TIME
DI: 6 & UNDER	35-40-45-50-55-60-HWT (MAX 75)	7:00-9:00 a.m.	10:00 a.m.
D2: 7 & 8	45-50-55-60-65-70-75-85-95-HWT (MAX 115)	7:00-12:00 p.m.	1:00 p.m.
D3: 9 & 10	55-60-65-70-75-80-85-90-95-105-115-125-HWT (MAX 140)	7:00-9:00 a.m.	10:00 a.m.
D4: 11 & 12	65-70-75-80-85-90-95-100-110-120-130-140-HWT (MAX 170)	7:00-12:00 p.m.	1:00 p.m.

***** Tournament Director reserves the right to combine weight classes upon need.*****
*****If wrestler is heavier than max weight, they will be moved up a division.*****

Awards: Top two place finishers receive trophies. 3rd-4th receive medals.

Entry Fee: $20 at the time of weigh-ins. Wrestlers can enter 2nd Division for $10.

Match Length: 3 -1 minute periods. 10 pt TECH FALL. "Sudden Victory" OT 1st point scored wins, no time limit.

Rules: Modified Scholastic Rules will be used for all divisions. Tournament will be double elimination or round robin.

Admission: $5 Adult, $3 Student or $10 Family

Concessions: Will be served all day, including a full breakfast. No coolers or crockpots or carry-ins.

Contact Information: Ric Roe: ricroe7408911970@gmail.com, Phone/Text: 740-891-1970

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administers, waive and release the St. Clairsville High School, St. Clairsville City Schools, St. Clairsville Youth Wrestling and its officers, A+ Sportswear, tournament officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

NAME _____ **AGE**_____ **BIRTHDATE :**_____

ADDRESS _____ **CITY** _____

STATE _____ **ZIP** _____ **PHONE:**_____

E-MAIL _____

AGE DIVISION _____ **WT CLASS**_____

SIGNATURE OF ATHLETE_____ **DATE**_____

SIGNATURE OF PARENT_____ **DATE**_____